Rec'd PCT/PTO 21 DEC 2004

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY NUMBER

NUMBER

REC'D PCT International Applications)

ZL . ~~

- i 🖔 🏂

PHDE020163 US

As a below named inventor, I h	ereby declare that:		
My residence, post office addre	ess and citizenship are as stat	red next to my name.	
	of the subject matter which is ent encoder with two mag	name is listed below) or an original, fire claimed and for which a patent is sougnetic tracks	
is attached hereto.			
was filed as United States a	pplication		
Serial No			
on	•		
and was amended			
on			
	and application		
_	ial application		
Number <u>PCT/IB03/02925</u>			
on <u>June 13, 2003</u>			
and was amended under PCT	Article 10		
			(#
on			(if applicable).
I hereby state that I have review claims, as amended by any am	wed and understand the conte endment referred to above.	nts of the above-identified specification	n, including the
I acknowledge the duty to discle Title 37, Code of Federal Regu	ose information which is mate lations, § 1.56(a).	rial to the examination of this application	on in accordance with
or inventor's certificate or of an States of America listed below any PCT international application	y PCT international application and have identified below any on(s) designating at least one	States Code, § 119 of any foreign appl n(s) designating at least one country of foreign application(s) for patent or inve country other than the United States o the application(s) of which priority is c	ther than the United entor's certificate or f America filed by me
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 119:	
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Germany	102 28 663.9	27 June 2002	YES

U.S. DEPARTMENT OF COMMERCE -Patent and Trademarks Office (July 1994)

POWER OF ATTORNEY: As a na all business in the Patent and Traden Jack E. Michael E. Edward M. b. Preserved M. B. Pr	. ·
Jack E. Michael E. Edward M. b. FUHL NAME OF FAMILY NAME MYENTOR BUTZMANN RESIDENCE & CITY POST OFFICE ADDRESS ADDRESS Hestertstrasse 4 FULL NAME OF INVENTOR PUSCH RESIDENCE & CITY POST OFFICE ADDRESS ADDRESS Heussweg 10 FULLNAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME MICHAEL FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME MICHAEL FULL NAME OF FAMILY NAME FIRST GIVEN NAME MICHAEL FULL NAME OF FAMILY NAME FIRST GIVEN NAME MICHAEL FULL NAME OF FAMILY NAME FIRST GIVEN NAME MICHAEL FULL NAME OF FAMILY NAME FIRST GIVEN NAME MICHAEL FULL NAME OF FAMILY NAME FIRST GIVEN NAME MICHAEL FULL NAME OF FAMILY NAME FIRST GIVEN NAME Germany FULL NAME OF FAMILY NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACUS FIRST GIVEN NAME MACUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME MACUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME MACUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIR	°
FULL NAME OF FAMILY NAME HOUSE OFFICE ADDRESS Hestertstrasse 4 FULL NAME OF INVENTIOR PUSCH RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS Hestertstrasse 4 FULL NAME OF INVENTOR PUSCH RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS Heussweg 10 FULL NAME OF INVENTOR HINZ FULL NAME OF FOREIGN OF GERMANY FULL NAME O	mber
FULL NAME OF FAMILY NAME HOST OFFICE ADDRESS Heussweg 10 RESIDENCE & CITY POST OFFICE ADDRESS Heussweg 10 RESIDENCE & CITY POST OFFICE ADDRESS Heussweg 10 RESIDENCE & CITY RESIDENCE & CITY POST OFFICE ADDRESS Heussweg 10 RESIDENCE & CITY RE	Socker Number
FULL NAME OF FAMILY NAME HUSSES Heussweg 10 RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS ADDRESS Hestertstrasse 4 FULL NAME OF FAMILY NAME POST OFFICE ADDRESS ADDRESS Heussweg 10 RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS ADDRESS Heussweg 10 RESIDENCE & CITIY ADDRESS Heussweg 10 RESIDENCE & CITIY FULL NAME OF FAMILY NAME FIRST GIVEN NAME Michael RESIDENCE & CITIY RESIDENCE & CITIY FULL NAME OF FAMILY NAME FIRST GIVEN NAME Michael RESIDENCE & CITIY FULL NAME OF FAMILY NAME FIRST GIVEN NAME MICHAEL RESIDENCE & CITIY FULL NAME OF FAMILY NAME FIRST GIVEN NAME MICHAEL RESIDENCE & CITIY FULL NAME OF FAMILY NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACCUS RESIDENCE & CITY CITIZENSHIP Hamburg POST OFFICE ADDRESS Alter Berner Weg 128 FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACCUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME MACCUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACCUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACCUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME MACCUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACCUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME MACCUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME THOMAS FULL NAME OF FAMILY NAME FIRST GIVEN NAME THOMAS FULL NAME OF FAMILY NAME STATE OR FOREIGN OF GERMANY FULL NAME OF FOR	020163 d transact
RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS ADDRESS Hestertstrasse 4 FULL NAME OF FAMILY NAME POST OFFICE ADDRESS ADDRESS Hestertstrasse 4 FULL NAME OF FAMILY NAME POST OFFICE ADDRESS ADDRESS Hestertstrasse 4 FULL NAME OF FAMILY NAME POST OFFICE ADDRESS ADDRESS Heussweg 10 FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME Michael FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME MICHAEl STATE OR FOREIGN CO Germany FULL NAME OF FAMILY NAME FIRST GIVEN NAME MICHAEl FULL NAME OF FAMILY NAME FIRST GIVEN NAME Germany FULL NAME OF FAMILY NAME FIRST GIVEN NAME Marcus FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME Marcus FIRST GIVEN NAME FIRS	ication and
ADDRESS Hestertstrasse 4 FULL NAME OF INVENTOR PUSCH RESIDENCE & CHTY CITIZENSHIP Hamburg POST OFFICE ADDRESS ADDRE	applice
ADDRESS Hestertstrasse 4 FULL NAME OF INVENTOR PUSCH RESIDENCE & CHTY CITIZENSHIP Hamburg POST OFFICE ADDRESS ADDRESS Heussweg 10 FULL NAME OF INVENTOR HINZ FULL NAME OF INVENTOR HAMBURG POST OFFICE ADDRESS ADDRESS WIIdacker 40 FULL NAME OF FAMILY NAME INVENTOR SCHULZ FULL NAME OF FAMILY NAME INVENTOR SCHULZ FULL NAME OF FAMILY NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME STATE OR FOREIGN OF GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME F	
ADDRESS Hestertstrasse 4 FULL NAME OF INVENTOR PUSCH RESIDENCE & CITY POST OFFICE ADDRESS Heussweg 10 FULL NAME OF INVENTOR HINZ RESIDENCE & CITY POST OFFICE ADDRESS ADDRESS WIIdacker 40 FULL NAME OF INVENTOR SCHULZ FULL NAME OF FAMILY NAME TOTAL OF FOREIGN OF GERMANY FIRST GIVEN NAME Marcus STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME STATE OR FOREIGN OF FIRST GIVEN NAME FIRST GIVEN NAME STATE OR FOREIGN OF FIRST GIVEN NAME STATE OR FOREIGN OF FIRST GIVEN NAME STATE OR FOREIGN OF FIRST GIVEN NAME STATE OR FORE	
ADDRESS Hestertstrasse 4 FULL NAME OF INVENTOR PUSCH RESIDENCE & CITY CITIZENSHIP Hamburg POST OFFICE ADDRESS ADDRESS Heussweg 10 FULL NAME OF INVENTOR HINZ RESIDENCE & CITY CITIZENSHIP Hamburg POST OFFICE ADDRESS ADDRESS WIIdacker 40 FULL NAME OF INVENTOR SCHULZ FULL NAME OF INVENTOR SCHULZ FULL NAME OF INVENTOR SCHULZ RESIDENCE & CITY CITIZENSHIP Hamburg POST OFFICE ADDRESS ADDRESS WIIDACKER ADDRESS ADDRESS WIIDACKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ATTE OR FOREIGN CO Germany FULL NAME OF FAMILY NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME ADDRESS BEEP BUSCHRING 2 FULL NAME OF FAMILY NAME ADDRESS ADDRESS ADDRESS ADDRESS ATTE OR FOREIGN CO GERMANY FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME STATE OR FOREIGN CO GERMANY FIRST GIVEN NAME FIRST GIVEN	(d. number)
CITIZENSHIP POST OFFICE ADDRESS Heussweg 10 FULLNAME OF INVENTOR FULLNAME OF INVENTOR FULLNAME OF INVENTOR FULLNAME OF INVENTOR FOST OFFICE ADDRESS WILD AME FULLNAME OF INVENTOR FULLNAME OF INVENTOR FULLNAME OF INVENTOR FULLNAME OF INVENTOR FAMILY NAME FULLNAME OF INVENTOR FAMILY NAME FULLNAME OF INVENTOR FOST OFFICE ADDRESS FOST OFFICE ADDRESS ADDRESS FULL NAME FULLNAME OF INVENTOR FULL NAME FULL	Number) COND GIVEN NAME TRY
CITIZENSHIP POST OFFICE ADDRESS Heussweg 10 FULL/NAME OF INVENTOR FULL NAME OF INVENTOR FULL NAME OF INVENTOR FULL NAME OF INVENTOR POST OFFICE ADDRESS WILL NAME FULL NAME OF INVENTOR FAMILY NAME OF INVENTOR FULL NAME OF INVENTOR FIRST GIVEN NAME MARCUS STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME FIRST GIVEN NAME MARCUS STATE OR FOREIGN OF GERMANY FULL NAME OF INVENTOR FIRST GIVEN NAME FIRST GIVEN NAME	COND GIVEN NAME COUNTRY OF CITIZENSHIP COUNTRY COMMANY
CITIZENSHIP POST OFFICE ADDRESS Heussweg 10 FULL/NAME OF INVENTOR FULL NAME OF INVENTOR FULL NAME OF INVENTOR FULL NAME OF INVENTOR POST OFFICE ADDRESS WILL NAME FULL NAME OF INVENTOR FAMILY NAME OF INVENTOR FULL NAME OF INVENTOR FIRST GIVEN NAME MARCUS STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME FIRST GIVEN NAME MARCUS STATE OR FOREIGN OF GERMANY FULL NAME OF INVENTOR FIRST GIVEN NAME FIRST GIVEN NAME	COUNTRY OF CITIZENS OF COUNTRY Germany GATE 8 ZIP CODE COUNTRY TATE 8 ZIP CODE TO NAME
CITIZENSHIP POST OFFICE ADDRESS Heussweg 10 FULL/NAME OF INVENTOR FULL NAME OF INVENTOR FULL NAME OF INVENTOR FULL NAME OF INVENTOR POST OFFICE ADDRESS WILL NAME FULL NAME OF INVENTOR FAMILY NAME OF INVENTOR FULL NAME OF INVENTOR FIRST GIVEN NAME MARCUS STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME FIRST GIVEN NAME MARCUS STATE OR FOREIGN OF GERMANY FULL NAME OF INVENTOR FIRST GIVEN NAME FIRST GIVEN NAME	INTRY OF
CITIZENSHIP POST OFFICE ADDRESS Heussweg 10 FULL/NAME OF INVENTOR HINZ HESIDENCE & CITY POST OFFICE ADDRESS ADDRESS WILD AME POST OFFICE ADDRESS WILD AME FIRST GIVEN NAME HINZ HAMBURG POST OFFICE ADDRESS WILD AME FIRST GIVEN NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME POST OFFICE ADDRESS WILD AME FIRST GIVEN NAME FIRST GIVEN NAME GUNNAR GUNNAR FIRST GIVEN NAME FIRST GIVEN NAME GUNNAR GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME MACUS FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME MACUS STATE OR FOREIGN OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME Thomas FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME THOMAS FULL NAME OF FAMILY NAME FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF FOREIGN OF FAMILY NAME FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF FAMILY NAME FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF FAMILY NAME FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF FAMILY NAME FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF FAMILY NAME FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF FAMILY NAME FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF FAMILY NAME FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF FAMILY NAME FIRST GIVEN FIR	
ADDRESS Heussweg 10 FULL NAME OF INVENTOR HINZ RESIDENCE & CITY POST OFFICE ADDRESS ADDRESS WIldacker 40 FULL NAME OF INVENTOR FULL NAME OF INVENTOR FULL NAME OF INVENTOR POST OFFICE ADDRESS CITY CITIZENSHIP POST OFFICE ADDRESS CITY CITIZENSHIP POST OFFICE ADDRESS CITY CITIZENSHIP POST OFFICE ADDRESS ADDRESS RESIDENCE & CITY FULL NAME OF INVENTOR FAMILY NAME ADDRESS Beerbuschring 2 FULL NAME OF INVENTOR FAMILY NAME WESER POST OFFICE ADDRESS CITY STATE OR FOREIGN CO Germany FIRST GIVEN NAME Marcus STATE OR FOREIGN CO Germany FIRST GIVEN NAME Marcus STATE OR FOREIGN CO Germany FIRST GIVEN NAME Marcus STATE OR FOREIGN CO Germany FULL NAME OF INVENTOR FAMILY NAME ADDRESS Alter Berner Weg 128 FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME THOMAS STATE OR FOREIGN CO GERMANY POST OFFICE ADDRESS Alter Berner Weg 128 FIRST GIVEN NAME THOMAS STATE OR FOREIGN CO GERMANY STATE OR FOREIGN CO GERMANY POST OFFICE ADDRESS Alter Berner Weg 128 FIRST GIVEN NAME THOMAS STATE OR FOREIGN CO GERMANY STATE OR FOREIGN CO GERMANY POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN CO GERMANY STATE OR FOREIGN CO GERMANY STATE OR FOREIGN CO GERMANY POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN CO GERMANY STATE OR FOREIGN CO GERMANY	GET ATE & ZIT
FULL NAME OF INVENTOR HINZ FULL NAME OF INVENTOR HINZ RESIDENCE & CITY POST OFFICE ADDRESS ADDRESS FULL NAME OF INVENTOR SCHULZ RESIDENCE & CITY POST OFFICE ADDRESS ACTIZENSHIP POST OFFICE ADDRESS ACTIZENSHIP POST OFFICE ADDRESS ACTIZENSHIP POST OFFICE ADDRESS ACTIZENSHIP POST OFFICE ADDRESS Beerbuschring 2 FULL NAME OF INVENTOR FAMILY NAME FIRST GIVEN NAME Gunnar STATE OR FOREIGN CO Germany FULL NAME OF INVENTOR FAMILY NAME WESER RESIDENCE & CITY POST OFFICE ADDRESS ACTIZENSHIP POST OFFICE POST OFFICE ADDRESS ALTER BERNER WEG 128 FULL NAME OF INVENTOR FULL NAME OF INVENTOR FIRST GIVEN NAME MICHAEL FIRST GIVEN NAME MICHAEL FIRST GIVEN NAME MARCUS STATE OR FOREIGN OF GERMANY FULL NAME OF INVENTOR FIRST GIVEN NAME FIRST GIVEN NAME MICHAEL FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF GERMANY FULL NAME OF INVENTOR FULL NAME OF INVENTOR FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME THOMAS FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMAN	TATE & ZINY NAME
FULL NAME OF INVENTOR HINZ RESIDENCE & CITY Hamburg POST OFFICE ADDRESS ADDRESS Wildacker 40 FIRST GIVEN NAME Michael STATE OR FOREIGN CO Germany FULL NAME OF INVENTOR FAMILY NAME SCHULZ FULL NAME OF INVENTOR POST OFFICE ADDRESS ACTIVE ADDRESS RESIDENCE & CITY Hamburg POST OFFICE ADDRESS ADDRESS RESIDENCE & CITY POST OFFICE ADDRESS ALTER BERNER WESTER FULL NAME OF INVENTOR FAMILY NAME WESER FIRST GIVEN NAME Germany STATE OR FOREIGN CO Germany FIRST GIVEN NAME Marcus FIRST GIVEN NAME FIRST GIVEN NAME Marcus FIRST GIVEN NAME FIRST GIVEN NAME Marcus STATE OR FOREIGN CO Germany FIRST GIVEN NAME FIRST GIVEN NAME Thomas STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME THOMAS FIRST GIVEN NAME THOMAS FIRST GIVEN NAME THOMAS CITY STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME THOMAS FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME THOMAS FIRST GIVEN NAME THOMAS FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF GERMANY FIRST GIVEN NAME THOMAS FIRST GIVEN NAME THOMAS FIRST GIVEN NAME THOMAS STATE OR FOREIGN GERMANY FIRST GIVEN NAME THOMAS FIRST GIVEN	SEE CITIZENSHIP
RESIDENCE & CITY CITIZENSHIP Hamburg POST OFFICE POST OFFICE ADDRESS ADDRESS WIldacker 40 FULL MAME OF INVENTOR POST OFFICE ADDRESS CITY FAMILY NAME FIRST GIVEN NAME Gunnar STATE OR FOREIGN CO Germany FIRST GIVEN NAME Gunnar STATE OR FOREIGN CO Germany FULL MAME OF FAMILY NAME FIRST GIVEN NAME Germany FULL MAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME Marcus FULL MAME OF FAMILY NAME FIRST GIVEN NAME Marcus STATE OR FOREIGN CO Germany FULL MAME OF FAMILY NAME FIRST GIVEN NAME Marcus STATE OR FOREIGN CO Germany FULL MAME OF FAMILY NAME FIRST GIVEN NAME Thomas STATE OR FOREIGN OF Germany POST OFFICE POST OFFICE ADDRESS STATE OR FOREIGN OF GERMANY POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN OF GERMANY STATE OR FOREIGN STAT	SEE CITIZE
RESIDENCE & CITY Hamburg POST OFFICE POST OFFICE ADDRESS ADDRESS Wildacker 40 FULL NAME OF FAMILY NAME INVENTOR OF RESIDENCE & CITY POST OFFICE ADDRESS ADDRESS Beerbuschring 2 FULL NAME OF FAMILY NAME ADDRESS Beerbuschring 2 FULL NAME OF FAMILY NAME ADDRESS Beerbuschring 2 FULL NAME OF FAMILY NAME WESER RESIDENCE & CITY POST OFFICE ADDRESS AITE OR FOREIGN CO Germany FIRST GIVEN NAME Marcus STATE OR FOREIGN CO Germany FIRST GIVEN NAME Marcus STATE OR FOREIGN CO Germany FULL NAME OF FAMILY NAME ADDRESS AITE OR FOREIGN CO Germany FULL NAME OF FAMILY NAME FIRST GIVEN NAME ATTE OR FOREIGN CO GERMANY FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME THOMAS STATE OR FOREIGN CO GERMANY POST OFFICE ADDRESS AITE OR FOREIGN CO GERMANY FOR THOMAS STATE OR FOREIGN CO GERMANY STATE OR FOREIGN CO GE	EICOUN
CITIZENSHIP POST OFFICE POST OFFICE ADDRESS ADDRESS Wildacker 40 FULL NAME OF FAMILY NAME INVENTOR RESIDENCE & CHP CITIZENSHIP POST OFFICE ADDRESS ADDRESS RESIDENCE & CITY FULL NAME OF FAMILY NAME ADDRESS Beerbuschring 2 FULL NAME OF FAMILY NAME ADDRESS RESIDENCE & CITY POST OFFICE ADDRESS CITIZENSHIP POST OFFICE ADDRESS CITIZENSHIP POST OFFICE ADDRESS Alter Berner Weg 128 FULL NAME OF FAMILY NAME ADDRESS Alter Berner Weg 128 FULL NAME OF FAMILY NAME FIRST GIVEN NAME Marcus STATE OR FOREIGN OF Germany FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME THOMAS FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME THOMAS STATE OR FOREIGN OF GERMANY POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMANY POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF	JRY COUNTRY OF
POST OFFICE ADDRESS Wildacker 40 22523 Hamburg FULL NAME OF INVENTOR REGIDENCE & CITY POST OFFICE ADDRESS CITIZENSHIP POST OFFICE ADDRESS ADDRESS RESIDENCE & CITY POST OFFICE ADDRESS CITIZENSHIP POST OFFICE ADDRESS ADDRESS RESIDENCE & CITY POST OFFICE ADDRESS Alter Berner Weg 128 FULL NAME OF INVENTOR POST OFFICE ADDRESS Alter Berner Weg 128 FIRST GIVEN NAME Marcus STATE OR FOREIGN CO Germany FIRST GIVEN NAME Marcus STATE OR FOREIGN CO Germany FIRST GIVEN NAME Thomas STATE OR FOREIGN CO Germany POST OFFICE & CITY FULL NAME OF INVENTOR RESIDENCE & CITY Hamburg POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN CO Germany POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN CO Germany STAT	Germany
FULL NAME OF INVENTOR SCHULZ RESIDENCE & CHY Hamburg POST OFFICE ADDRESS ADDRESS RESIDENCE & CITY FULL NAME OF INVENTOR WESER RESIDENCE & CITY FULL NAME OF INVENTOR HAMBURG POST OFFICE ADDRESS ADDRESS Alter Berner Weg 128 FULL NAME OF INVENTOR FAMILY NAME ADDRESS Alter Berner Weg 128 FULL NAME OF INVENTOR FAMILY NAME FIRST GIVEN NAME Marcus STATE OR FOREIGN OF Germany FIRST GIVEN NAME Thomas STATE OR FOREIGN OF GERMANY FULL NAME OF INVENTOR FULL NAME OF INVENTOR FOR RESIDENCE & CITY Hamburg POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN OF GERMANY STA	STATE & ZIP CODE/COUNT
FULL NAME OF INVENTOR RESIDENCE & CHY POST OFFICE ADDRESS ADDRESS RESIDENCE & CITY FULL NAME OF INVENTOR POST OFFICE ADDRESS ADDRESS RESIDENCE & CITY POST OFFICE ADDRESS CITY FULL NAME OF INVENTOR RESIDENCE & CITY POST OFFICE ADDRESS Alter Berner Weg 128 RESIDENCE & CITY FULL NAME OF INVENTOR RESIDENCE & CITY Alter Berner Weg 128 RESIDENCE & CITY FULL NAME OF INVENTOR RESIDENCE & CITY Hamburg POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN OF GERMANY POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN OF GERMANY STATE OR FORE	Germany
RESIDENCE & CHY POST OFFICE ADDRESS ADDRESS RESIDENCE & CITY POST OFFICE ADDRESS RESIDENCE & CITY POST OFFICE ADDRESS Alter Berner Weg 128 RESIDENCE & CITY POST OFFICE ADDRESS Alter Berner Weg 128 RESIDENCE & CITY POST OFFICE ADDRESS Alter Berner Weg 128 RESIDENCE & CITY FULL NAME OF FAMILY NAME ADDRESS Alter Berner Weg 128 RESIDENCE & CITY FULL NAME OF FAMILY NAME ADDRESS Alter Berner Weg 128 RESIDENCE & CITY FULL NAME OF FAMILY NAME FIRST GIVEN NAME Thomas STATE OR FOREIGN OF THOMAS STATE OR FOREIGN OF THOMAS STATE OR FOREIGN OF Germany POST OFFICE POST OFFICE ADDRESS CITY RESIDENCE & CITY Hamburg POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN OF Germany STATE OR FOREIGN OF Germany STATE OR FOREIGN OF Germany OFFICE POST OFFICE ADDRESS CITY	SECOND GIVEN NAME
RESIDENCE & CHY POST OFFICE ADDRESS ADDRESS RESIDENCE & CITY FULL NAME OF CITY POST OFFICE ADDRESS ALTER BERNBURG POST OFFICE ADDRESS CITY FULL NAME OF CITY POST OFFICE ADDRESS CITY ALTER BERNBURG POST OFFICE ADDRESS ALTER BERNBURG RESIDENCE & CITY ALTER BERNBURG POST OFFICE ADDRESS ALTER BERNBURG RESIDENCE & CITY ALTER BERNBURG POST OFFICE ADDRESS ALTER BERNBURG FIRST GIVEN NAME CITY ALTER BERNBURG FIRST GIVEN NAME FIRST GIVEN NAME Thomas STATE OR FOREIGN OF Germany POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN OF Germany POST OFFICE POST OFFICE ADDRESS CITY CITY CITY CITY COLUMN AND	.
CITIZENSHIP POST OFFICE ADDRESS ADDRESS Beerbuschring 2 FULL NAME OF FAMILY NAME WESER RESIDENCE & CITY POST OFFICE ADDRESS CITIZENSHIP POST OFFICE ADDRESS Alter Berner Weg 128 RESIDENCE & CITY FULL NAME OF FAMILY NAME WESER Marcus STATE OR FOREIGN OF FIRST GIVEN NAME Germany FULL NAME OF FAMILY NAME ALTER BERNER WEG 128 FULL NAME OF FAMILY NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME Thomas STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMANY POST OFFICE POST OFFICE ADDRESS CITY CITY CITY CITY CITY CITY STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMANY POST OFFICE POST OFFICE ADDRESS CITY CI	TRY COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS ADDRESS Beerbuschring 2 POST OFFICE ADDRESS Beerbuschring 2 22395 Hamburg FIRST GIVEN NAME WESER WESER RESIDENCE & CITY Hamburg POST OFFICE ADDRESS Alter Berner Weg 128 FULL NAME OF INVENTOR RESIDENCE & CITY Alter Berner Weg 128 FULL NAME OF INVENTOR RESIDENCE & CITY FULL NAME OF INVENTOR RESIDENCE & CITY Hamburg POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMANY POST OFFICE POST OFFICE ADDRESS CITY CITY CITY CITY CITY CITY STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMANY CITY POST OFFICE POST OFFICE ADDRESS CITY CIT	/ Germany
FULL NAME OF CITY POST OFFICE ADDRESS ARESIDENCE & CITY POST OFFICE ADDRESS ARESIDENCE & CITY POST OFFICE ADDRESS ARESIDENCE & CITY ADDRESS ARESIDENCE & CITY FULL NAME OF FAMILY NAME STORK RESIDENCE & CITY FULL NAME OF FAMILY NAME STORK RESIDENCE & CITY FULL NAME OF FAMILY NAME STORK RESIDENCE & CITY Hamburg POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMANY OFFICE POST OFFICE ADDRESS CITY	STATE & ZIP CODE/COUNTRY
FULL HAME OF HAMILY NAME WESER RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS Alter Berner Weg 128 FIRST GIVEN NAME Germany CITY Alter Berner Weg 128 FIRST GIVEN NAME GERMANY FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME TO CITY FULL NAME OF FAMILY NAME STORK RESIDENCE & CITY FAMILY NAME STORK RESIDENCE & CITY FOST OFFICE POST OFFICE ADDRESS CITY	Germany
RESIDENCE & CITY Hamburg POST OFFICE ADDRESS Alter Berner Weg 128 FULL NAME OF INVENTOR RESIDENCE & CITY Alter Berner Weg 128 FAMILY NAME STORK RESIDENCE & CITY Hamburg POST OFFICE POST OFFICE ADDRESS CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMANY Germany CITY	SECOND GIVEN NAME
RESIDENCE & CITY POST OFFICE POST OFFICE ADDRESS ADDRESS ALTER Berner Weg 128 FULL NAME OF INVENTOR RESIDENCE & CITY ADDRESS ALTER Berner Weg 128 FAMILY NAME FIRST GIVEN NAME Thomas STATE OR FOREIGN OF CITY BY AND AND ADDRESS STATE OR FOREIGN OF CITY POST OFFICE POST OFFICE ADDRESS CITY	
POST OFFICE ADDRESS Alter Berner Weg 128 CITY 22393 Hamburg FULL NAME OF INVENTOR RESIDENCE & CITY Hamburg POST OFFICE POST OFFICE ADDRESS CITY CITIZENSHIP Hamburg CITY CITY	LBY COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS Alter Berner Weg 128 FULL NAME OF INVENTOR FAMILY NAME STORK RESIDENCE & GIFY CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY 22393 Hamburg FIRST GIVEN NAME Thomas STATE OR FOREIGN OF GERMANY Germany CITY CIT	Germany
FULL NAME OF FAMILY NAME STORK RESIDENCE & GIFY STATE OR FOREIGN OF GERMANY POST OFFICE POST OFFICE ADDRESS FIRST GIVEN NAME Thomas STATE OR FOREIGN OF GERMANY Germany POST OFFICE POST OFFICE ADDRESS CITY	STATE & ZIP CODE/COUNTRY
FULLY NAME OF FAMILY NAME STORK RESIDENCE & CITY POST OFFICE POST OFFICE ADDRESS FIRST GIVEN NAME Thomas STATE OR FOREIGN OF Germany CITY	Germany
RESIDENCE & CITY POST OFFICE POST OFFICE ADDRESS RESIDENCE & CITY STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMANY CITY	SECOND GIVEN NAME
RESIDENCE & GITY Hamburg POST OFFICE POST OFFICE ADDRESS STATE OR FOREIGN OF GERMANY STATE OR FOREIGN OF GERMANY CITY	
POST OFFICE POST OFFICE ADDRESS CITY	IRY COUNTRY OF CITIZENSHIP
POST OFFICE POST OFFICE ADDRESS CITY	√ Germany
ADDRESS Goschwister Scholl 20251 Hemburg	STATE & ZIP CODE/COUNTRY
Geschwister-scholl- 2025 namburu	Germany
Strasse 83	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
Stefan Butena DATE 20.06.2003	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
	- CATE	5/112

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (izcludes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHDE020163 US

As a below named inventor, I	hereby declare that:		<u> </u>
My residence, post office addr	ess and citizenship are as sta	ited next to my name.	
I believe I am the original, first plural names are listed below) entitled: Angular displacem the specification of which (che	of the subject matter which is ent encoder with two mag	* · · · ·	irst and joint inventor (i
is attached hereto.		\$10 A.	
☐ was filed as United States a	application		
			
and was amended			
on			
	nal application		
Number <u>PCT/IB03/02925</u>			
on <u>June 13, 2003</u>			
and was amended under PCT	Article 40	•	
on			(if applicable).
I hereby state that I have review claims, as amended by any am	wed and understand the contented and understand the contented to above.	ents of the above-identified specification	on, including the
I acknowledge the duty to discl Title 37, Code of Federal Regu	ose information which is mate lations, § 1.56(a).	rial to the examination of this applicat	ion in accordance with
or inventor's certificate or of an States of America listed below any PCT international applicati on the same subject matter have	by PCT international application and have identified below any on(s) designating at least one ving a filing date before that of	States Code, § 119 of any foreign approximation (s) designating at least one country of foreign application(s) for patent or invocuntry other than the United States of the application(s) of which priority is of	other than the United ventor's certificate or of America filed by me
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIOR	TY CLAIMS UNDER 35 U.S.C. 119:	
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Germany	102 28 663.9	27 June 2002	YES

U.S. DEPARTMENT OF COMMERCE –Patent and Trademarks Office (July 1994)

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)

Strasse 83

Attorneys Docket Number PHDE020163 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

				Ta: :=::	,
Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266				phone Calls to: telephone number)	
				(914)332	
		Edward M. Blocker, Reg. No. 30, I FAMILY NAME	,245 FIRST GIVEN NAME	(0 : 1,002	SECOND GIVEN NAME
	FULL NAME OF INVENTOR		Stefan		SECOND GIVEN NAME
		BUTZMANN	STATE OR FOREIGN COU	NITOV	COUNTRY OF CITIZENSHIP
201	RESIDENCE & CITIZENSHIP	1		INTRY	
		Hagen POST OFFICE ADDRESS	Germany		Germany STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS				\$
		Hestertstrasse 4	58135 Hagen		Germany
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME
		PUSCH	Stefan		
202	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COU	INTRY	COUNTRY OF CITIZENSHIP
		Hamburg	Germany		Germany
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY
	ADDRESS	Heussweg 10	20257 Hamburg		Germany
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME
	INVENTOR	HINZ	Michael		
203	RESIDENCE &	CITY	STATE OR FOREIGN COU	INTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Hamburg	Germany		Germany
	POST OFFICE POST OFFICE ADDRESS		CITY		STATE & ZIP CODE/COUNTRY
	ADDRESS	Wildacker 40	22523 Hamburg		Germany
	FULL NAME OF FAMILY NAME INVENTOR SCHULZ		FIRST GIVEN NAME		SECOND GIVEN NAME
			Gunnar		
204	RESIDENCE &	CITY	STATE OR FOREIGN COL	INTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Hamburg POST OFFICE ADDRESS	Germany	•	Germany
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY
	ADDRESS	Beerbuschring 2	22395 Hamburg		Germany
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME
	INVENTOR	WESER	Marcus		
205	RESIDENCE &	CITY	STATE OR FOREIGN COL	JNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Hamburg	Germany		Germany
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY
	ADDRESS	Alter Berner Weg 128	22393 Hamburg		Germany
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	•	SECOND GIVEN NAME
	INVENTOR	STORK	Thomas		İ
206	RESIDENCE & CITY		STATE OR FOREIGN COL	JNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Hamburg	Germany		Germany
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY
	ADDRESS	Geschwister-Scholl-	20251 Hamburg		Germany
	I		= = = = = : : : : : : : : : : : : : :		,

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
		09.08.04 Milul lig
DATE	DATÉ	DATE
6.08.04 Seelf	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	^{DATE} 09.08.2004

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY ATTORNEY NUMBER

As a below named inventor	, I hereby declare that:		
My residence, post office ac	ddress and citizenship are as st	tated next to my name.	
plural names are listed belo	w) of the subject matter which is ement encoder with two ma	e name is listed below) or an origin is claimed and for which a patent is agnetic tracks	nal, first and joint inventor (it is sought on the invention
is attached hereto.		• •	
was filed as United State	es application		· ` ·
Serial No			
and was amended			
on			
I hereby state that I have rev claims, as amended by any	25 CT Article 19 viewed and understand the con amendment referred to above.		(if applicable). cation, including the
Title 37, Code of Federal Re I hereby claim foreign priority or inventor's certificate or of States of America listed belo any PCT international applic	egulations, § 1.56(a). y benefits under Title 35, United any PCT international application and have identified below an ation(s) designating at least on	d States Code, § 119 of any foreign on(s) designating at least one country foreign application(s) for patent ce country other than the United State of the application(s) of which priority	application(s) for patent atry other than the United or inventor's certificate or tes of America filed by me
PRIOR FOREIGN/PCT APP	LICATION(S) AND ANY PRIOR	RITY CLAIMS UNDER 35 U.S.C. 1	19:
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Germany	102 28 663.9	27 June 2002	YES

U.S. DEPARTMENT OF COMMERCE –Patent and Trademarks Office (July 1994)

Combined Declaration For Patent Application and Power of Attorney (Continued)

Attorneys Docket Number PHDE020163 US

(includes Reference to PCT International Applications)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

		Jack E. Haken, Reg. No. 26,90 Michael E. Marion, Reg. No. 32, Edward M. Blocker, Reg. No. 30	,266		phone Calls to: telephone number) 2-0222
	FULL NAME OF INVENTOR	FAMILY NAME BUTZMANN	FIRST GIVEN NAME Stefan		SECOND GIVEN NAME
20 1	RESIDENCE & CITIZENSHIP	CITY Hagen	STATE OR FOREIGN COU Germany	INTRY	Germany
•	POST OFFICE ADDRESS	POST OFFICE ADDRESS Hestertstrasse 4	58135 Hagen		STATE & ZIP CODE/COUNTRY Germany
	FULL NAME OF INVENTOR	FAMILY NAME PUSCH	FIRST GIVEN NAME Stefan		SECOND GIVEN NAME
20 2	RESIDENCE & CITIZENSHIP	CITY Hamburg	STATE OR FOREIGN COU Germany	INTRY	Germany
_	POST OFFICE ADDRESS	POST OFFICE ADDRESS Heussweg 10	CITY 20257 Hamburg		STATE & ZIP CODE/COUNTRY Germany
-	FULL NAME OF INVENTOR	FAMILY NAME HINZ	FIRST GIVEN NAME Michael		SECOND GIVEN NAME
20 3	RESIDENCE & CITIZENSHIP	CITY Hamburg	STATE OR FOREIGN COU Germany	INTRY	COUNTRY OF CITIZENSHIP Germany
,	POST OFFICE ADDRESS	POST OFFICE ADDRESS Wildacker 40	CITY 22523 Hamburg		STATE & ZIP CODE/COUNTRY Germany
	FULL NAME OF INVENTOR	FAMILY NAME SCHULZ	FIRST GIVEN NAME Gunnar		SECOND GIVEN NAME
20 4	RESIDENCE & CITIZENSHIP	CITY Hamburg	STATE OR FOREIGN COU Germany	INTRY	COUNTRY OF CITIZENSHIP Germany
•	POST OFFICE ADDRESS	POST OFFICE ADDRESS Beerbuschring 2	CITY 22395 Hamburg		STATE & ZIP CODE/COUNTRY Germany
	FULL NAME OF INVENTOR	FAMILY NAME WESER	FIRST GIVEN NAME Marcus		SECOND GIVEN NAME
20 5	RESIDENCE & CITIZENSHIP	Kaarst	STATE OR FOREIGN COU Germany	INTRY	Germany
•	POST OFFICE ADDRESS	POST OFFICE ADDRESS Niedersachsenstraße 20	41564 Kaarst		STATE & ZIP CODE/COUNTRY Germany
	FULL NAME OF INVENTOR	FAMILY NAME STORK	FIRST GIVEN NAME Thomas		SECOND GIVEN NAME
20 6	RESIDENCE & CITIZENSHIP	CITY Hamburg	STATE OR FOREIGN COU Germany	INTRY	Germany
Ü	POST OFFICE ADDRESS	POST OFFICE ADDRESS Geschwister-Scholl- Strasse 83	20251 Hamburg		STATE & ZIP CODE/COUNTRY Germany

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 203	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
	page 2 of 2	

Rec'd PCT/PTO 21 DEC 2004

PTO/SB/80 (12-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby appoint:			
X Practitioners associated with the Customer Number:	24737		
OR L	\/), _		
Practitioner(s) named below (if more than ten patent practitio	ners are to be named, then a customer number must be used):		
Name	Registration Number		
	-		
	+		
ary ard all paters abulications assumed only to the tindergraped so	nited States Patent and Trademark Office (USPTO) in connection with ording to the USPTO assignment records or assignment documents		
attached to this form in accordance with 37 CFR 3.73(b).			
Assignee Name and Address:			
Voninklijko Dhiling Dlastani			
Koninklijke Philips Electronics N.V Groenewoudseweg 1	'•		
5621 BA Eindhoven, The Netherlands			
A copy of this form, together with a statement under 27 CED 2 70/L) (F			
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b)			
may be completed by one of the practitioners appointed in this form if the appointed practitioner is			
authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney isto be filed.			
SIGNATURE of Assignee of Record			
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee			
Matthieu van Kaam			
Maan	Date Amilla 2004		
Authorized Representative	Telephone (914) 333–9600		

This collection of information is required by 37 GPR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/96 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	STATEMENT UNDER 37 CFR 3.73(b)	10/518847
Applicant/Patent Owner: Koninklijke Philips	Electronics N.V.	
Application No./Patent No.: Concurrently	Filed/Issue Date: Concurrently	
Entitled: ANGULAR DISPLACEMENT ENC	CODER WITH TWO MAGNETIC TRACKS	
Koninklijke Philips Electronics N.V. (Name of Assignee)	, a <u>corporation</u> (Type of Assignee, e.g., corporation, partne	rship, university, government agency, etc.)
states that it is: 1. ☑ the assignee of the entire right, title	, and interest; or	
2. an assignee of less than the entire in The extent (by percentage) of its ow in the patent application/patent identified a	vnership interest is ———— %	
A. [] An assignment from the inventor(s) in the United States Patent and Tracattached.	of the patent application/patent identified above. demark Office at Reel, Frame	The assignment was recorded, or for which a copy thereof is
OR		
B. [] A chain of title from the inventor(s), below:	of the patent application/patent identified above, to	o the current assignee as shown
1. From: ————	To:	
	I in the United States Patent and Trademark Office , or for which a copy thereof	
2. From:	То:	
	I in the United States Patent and Trademark Office me, or for which a copy there	
3. From:	To: tin the United States Patent and Trademark Office	· · · · · · · · · · · · · · · · · · ·
Reel, Fra	d in the United States Patent and Trademark Office ame, or for which a copy ther	e at eof is attached.
[] Additional documents in the	chain of title are listed on a supplemental sheet.	
	ginal assignment document or a true copy of the o vision in accordance with 37 CFR Part 3, if the ass	
The undersigned (whose title is supplied to $11/9/94$	below) is authorized to act on behalf of the assigne	
	Aaron Waxler, Re	1. 48,027 printed name
Date (914) 333-9608	/yperoi	7 O Table
Telephone number	Sign	ature
		e Counsel
	Corporat Title	

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.